



Referral Management

“How to Prepare for Next TRICARE Contract”

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Agenda

- Critical Nature of Effective Referral Management
- What we know from the RFP and transition meetings
- Enterprise Wide Referral and Authorization System (EWRAS)
- Proposed referral mgmt model for MAMC
- Proposed requirements/functions for MAMC model
- Flow charts – current and future for MAMC model
- Unknowns/possible constraints of model

Critical Nature of Effective Referral Management Under Next Generation of Contracts

- Full financial risk for all Prime enrollees, to include AD – every referral to the network is paid for at the end of the month with O&M dollars
- Analysis of referral frequency and type identifies opportunities for make v buy decisions
- Referral center tracking can help validate invoices
- Referral tracking can validate contractor performance re: consult return rate



Other Considerations

- Continuity of care – JCAHO and legal ramifications
- Speed enhanced with electronic referrals
- HIPPA compliance
- De-fragmentation of the referral process by establishing accountability at a single location
- Full utilization of available appointments
- Management of incoming “right of first refusal” consult requests for contractor “at risk” patients
- Management of incoming requests from nearby MTF’s
- Outgoing completed consult to civilian provider or MTF provider



What We Know From the RFP/Transition Meetings

- The contractor shall:
 - Ensure ntw specialty care providers provide results of consults to MTF PCM within 5 working days of encounter 98% of the time
 - Ensure ntw specialty care providers send a preliminary report to MTF PCM within 1 hour by phone or fax in urgent/emergent situations
 - Ensure ntw specialty care providers provide consultation or referral reports, operative reports, and discharge summaries to MTF PCM within 30 calendar days of the encounter
 - Include an evaluation to determine if type of service is a TRICARE benefit (administrative coverage review)
 - Shall attempt to appoint referrals from the ntw to the MTF within 24 hours of receipt – “right of first refusal role”
 - Operate a medical mgmt program for all MHS eligible beneficiaries receiving care in civilian sector (e.g. PFPWD)
 - Ensure that 96% of referrals of beneficiaries residing in Prime service areas are referred to the MTF or network provider
 - Provide a Clinical Optimization Nurse in TSC’s – acts as liaison to MTF on Medical Mgmt Issues



The Role of EWRAS

EWRAS, an IT referral management system powered by TOL, is scheduled by TMA to deploy in conjunction with new TRICARE contracts

Pros:

- Interface with CHCS and DEERS
- Automatic referral routing and conditional approval/disapproval based on rule sets that you write
- Automatic forwarding of approved referral to appointing system
- Automated and HIPAA compliant routing of referrals to contractor
- Robust and HIPAA compliant consult tracking and adhoc reporting, which will be necessary for UM and referral coordination under new contract



The Role of EWRAS Cont.

Cons:

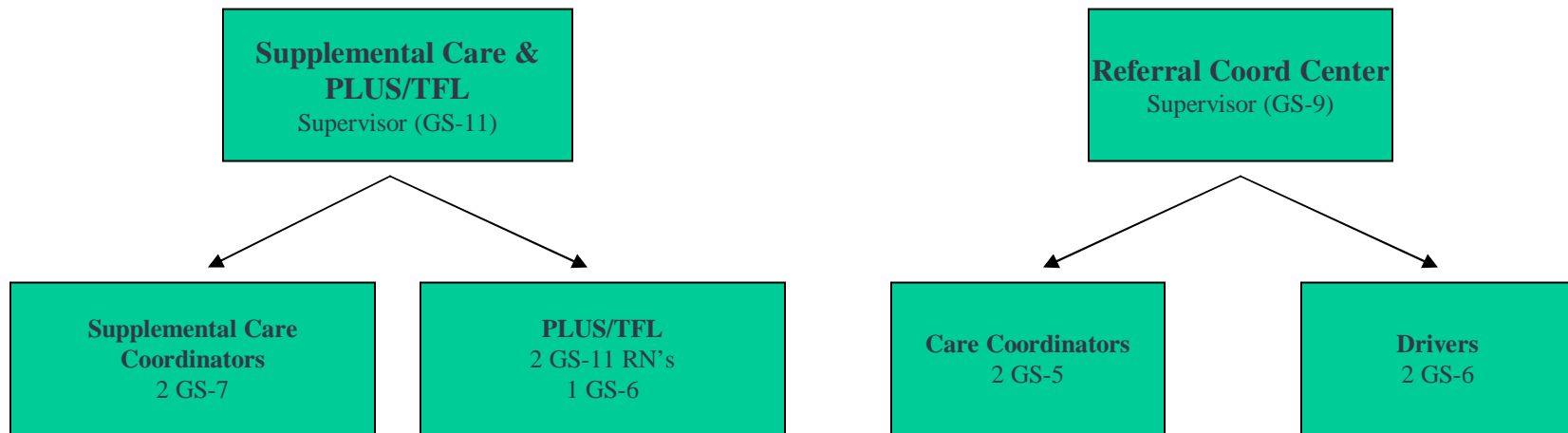
- Risk that deployment may be delayed
- EWRAS will require considerable amount of preparation and training at the MTF, will involve culture change
- Requires provider to log into TOL to enter consult
- Providers will need TOL, CHCS, and ICDB running on their desktops
- Specialists will input referral results into EWRAS
- Incoming contractor ref mgmt system based upon working EWRAS system



MAMC - RCC FACTS

- Present Workload
 - 395 Referral/Month - PLUS/TFL
 - 241 “ “ - Ref Coord Center
 - 500 “ “ - Supplemental Care
 - 1136
- Estimated 1110 monthly referrals to be handled by RCC
 - Presently 1400 Avg Referrals in MAMC Catchment Area (HNFS)
 - Some capabilities not available at MAMC (mental health, ...)
 - 420 referrals from MAMC to network
 - 709 referrals from network provider
 - 58 were granted an appointment at MAMC
- Present Workload Includes Some McChord Referrals
- Responsible for Monitoring all Internal Referrals -
clinic to clinic (>9,200 Mo)

MAMC – Current Referral Mgmt Structure

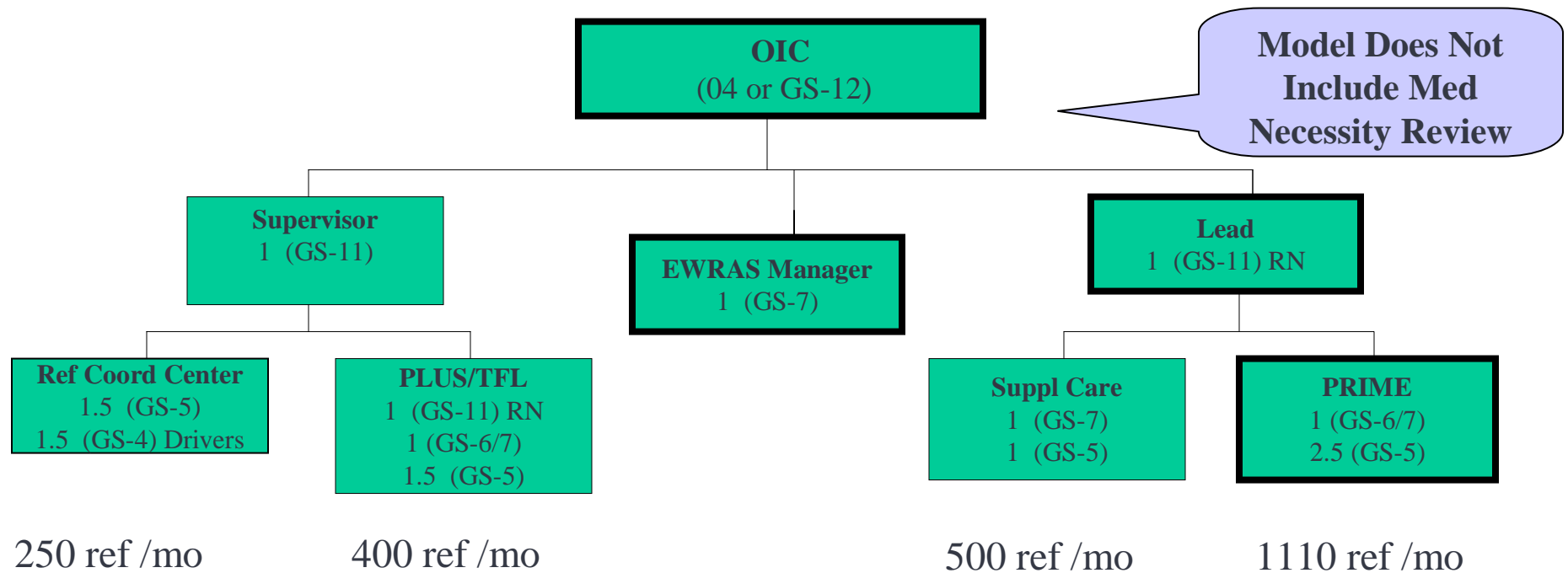


Current Structure – 11 FTE's

Referrals Handled/Month – Avg. 1,150 (AD, PLUS, TFL)

(Only Handle Referrals Into and Out of MAMC (external))

MAMC - Proposed Model



FTE's – 16

Referral/Month (external) – 2,500 (AD, PLUS, TFL, PRIME)

(internal) > 9,200 (monitoring / oversight by OIC -Data analyst cell)

Planning Factor: 120 ref/Month/clerk (PLUS, TFL, RCC) (BAMC/MAMC Model)

Planning Factor: 300 ref/Month/FTE (Supp Care, Prime)

(HNFS-440 ref/mo/FTE MAMC - 250 ref/mo/clerk)



Proposed Model Requirements

- Staffing
 - 1 GS–7
 - 5 GS-5
- Equipment
 - Automation (Scanners, Computers, Faxes, Phones)
 - Desks
- Space - consolidated work space to maximize unity of effort (synergy)
- Training – CHCS, EWRAS, cross functional training



RMC Functions

Core competencies of all functions:

- Coordinate, manage, and track incoming and outgoing referrals
- Serve as the point of contact for the receipt of all results from network/non-network providers. Will ensure copy is sent to referring provider and that copy is sent to medical records
- Ensure care is optimized in MAMC where capability/capacity exists
- Serve as a gatekeeper for all referrals that cannot be appointed within the MTF (due to access standards, capability, capacity reasons) – conduct a final check with clinic before disengaging to ntw
- Provide oversight for all incoming referrals from the Network ensuring that “Right of First Refusal” is conducted and appointed (if available) within 24 hours



RMC Functions

Special Skills:

- **Supplemental Care (AD)**
 - Serves as SME for all AD referrals
 - Primarily responsible for coordinating, managing, and tracking all AD referrals
 - Send daily report to RMD for invoice mgmt
- **TRICARE PLUS/TFL**
 - Serves as SME for all PLUS and TFL referrals
 - Primarily responsible for coordinating, managing, and tracking all PLUS/TFL referrals
- **TRICARE PRIME (New Function)**
 - Monitor internal operations ensuring that consults are reviewed, appointed, and resulted in timely manner by Specialty/Sub-Specialty provider (72 hrs) and PCM receives results

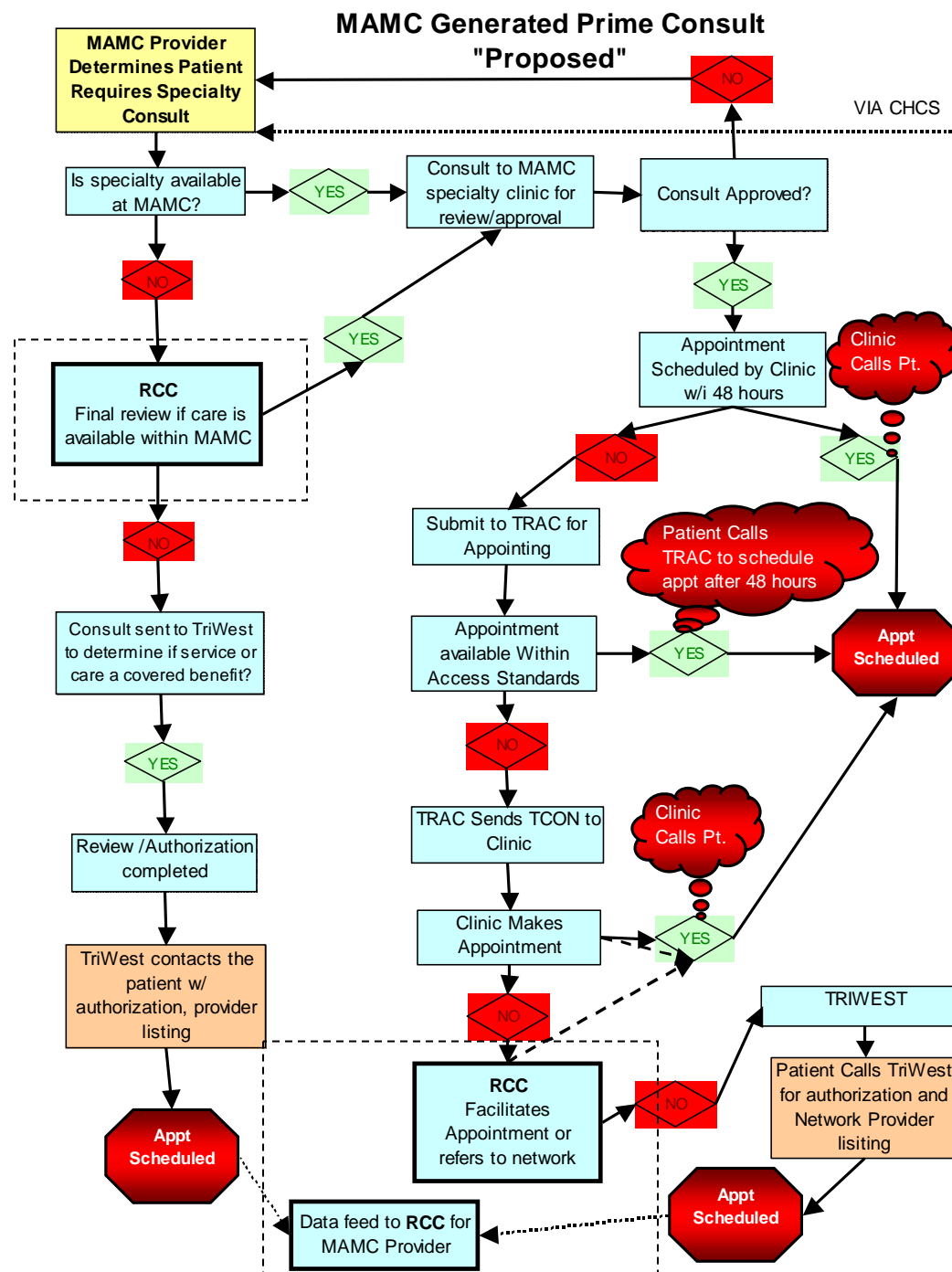


RMC Functions

- **EWRAS Manager (New Function)**
 - Ensure that clinic business rules, capability/capacity rules are up to date
 - Coordinate with TOL Project Officer and Systems Administrator regarding IT/Systems issues
- **Alaska/UW Coordinators**
 - Serve as point of contact for incoming Air Evac's and liaison from other services (ex. Alaska) to ensure patient's entire visit is coordinated
 - Schedule appointment(s), coordinate lodging and transport patients to and from lodging if necessary. Ensure results and documentation are sent back to referring physician
 - Coordinates and tracks all incoming referrals from the UW primary care providers ensuring that appointment is facilitated and that results are sent to referring provider NLT 3 days after appointment

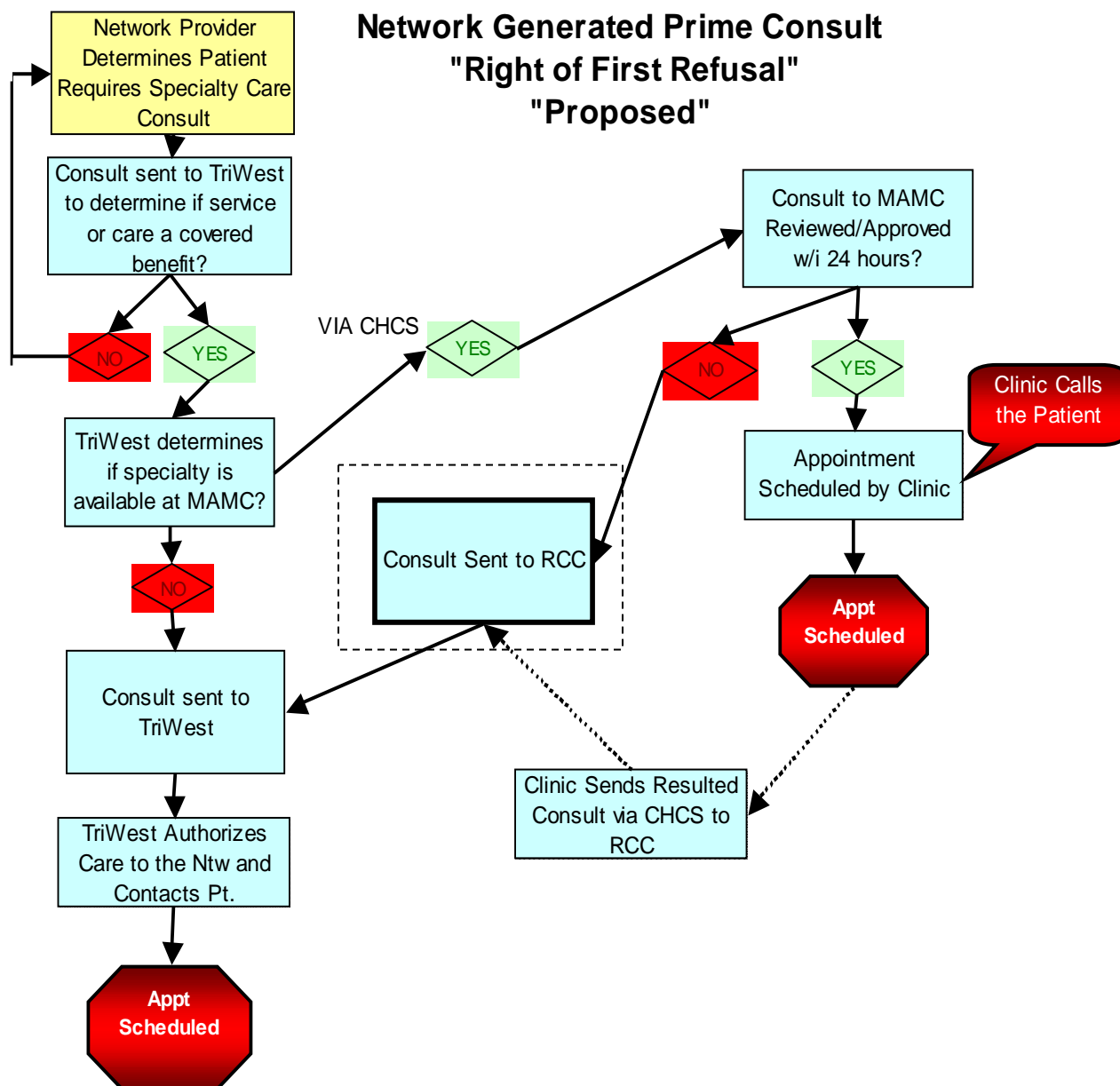


Proposed Flow Charts for Consults Internal to MAMC





Proposed Flow Charts for Consults Into MAMC





Unknowns/Possible Constraints

- Role of the incoming contractor regarding Referral Mgmt, what will they provide?
- SPACE for new functions within MTF: Prime, EWRAS Manager
- The role of EWRAS with Referral Operations – EWRAS has yet to be developed/tested
- Clinic Optimization Nurse – how will he/she interact with RCC?



Questions